

Establishing the Violent Death Reporting System in Connecticut

In 2002, a new federal surveillance system called the National Violent Death Reporting System (NVDRS) was initiated by the Centers for Disease Control and Prevention (CDC). The states of Massachusetts, Maryland, New Jersey, Oregon, South Carolina and Virginia were chosen to begin collecting data for entry into this reporting system. NVDRS has expanded several times to include new states, most recently the Connecticut Department of Public Health (CTDPH) was awarded CDC funds in 2014 for a 5-year period to establish the Connecticut Violent Death Reporting System (CTVDRS). In 2015, CTDPH began collecting data on violent deaths. Currently, all 50 states, Puerto Rico and Washington, D.C. participate in NVDRS.

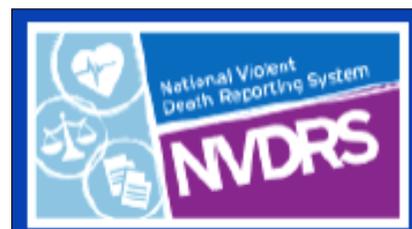
According to the NVDRS specifications, the definition of a violent death is as follows:

1. A death that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community.
2. The person using the force or power need only to have intended to use force or power; they need not to have intended to produce the consequence that actually occurred.

The major sources of violent death data for CTVDRS are the Office of the Chief Medical Examiner (OCME) (autopsy, investigator and toxicology data), death certificates from the

CTDPH Office of Vital Records, and law enforcement reports that include Supplementary Homicide Reports from the Department of Emergency Services and Public Protection (DESPP), and the Connecticut State Police. The data from these reports include the circumstances of suicides (e.g. depression, relationship problems) and homicides (e.g. committed during a crime such as a robbery or intimate partner violence). From this data, CTVDRS and key stakeholders develop violence prevention efforts statewide.

This newsletter was created by the CTDPH Office of Injury and Violence Prevention (OIVP) for law enforcement personnel and focuses on homicides in Connecticut from 2015 to 2020. The 2015 to 2020 time period was divided into two distinct sections: Pre-Pandemic (2015-2019) and COVID-19 Pandemic (2020).



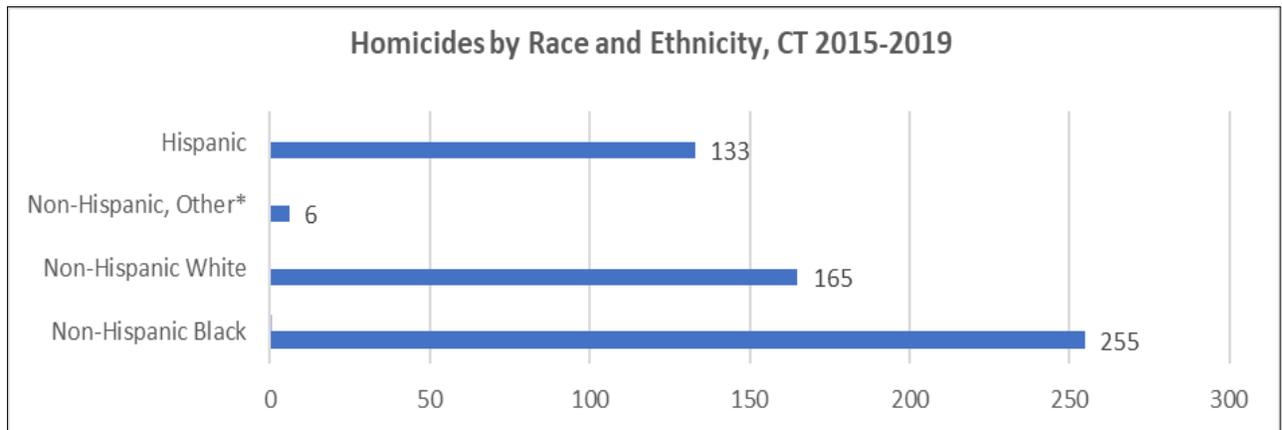
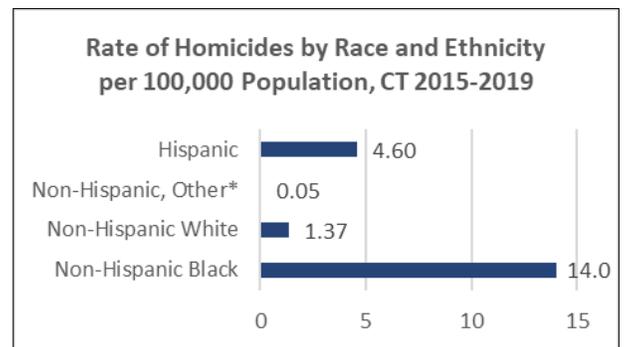
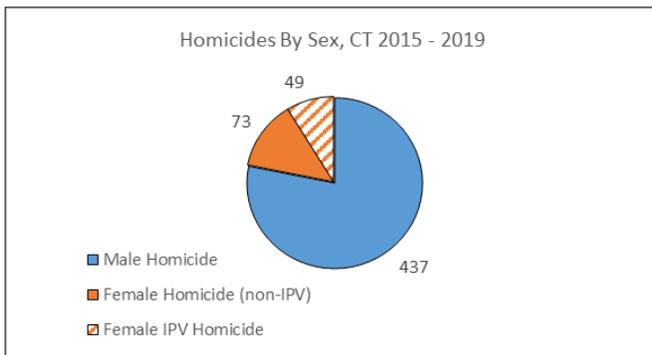
Inside this issue

Homicides

- Pre Pandemic.....2
- Rates in CT.....3
- Pre-Pandemic Comparison.....4
- Efforts to Combat.....7

Homicides 2015-2019 Pre-Pandemic

There were **2,581** violent deaths in Connecticut from 2015—2019. Homicide accounted for **22%** (N=559) of the violent deaths. Connecticut averaged **112** homicides per year.



- From 2016 - 2019, the homicide rate increased for Non-Hispanic White victims by 49%, (2016 rate = 1.03 per 100,000; 2019 rate = 1.53 per 100,000).
- From 2016 - 2019, the homicide rate increased for Hispanic victims by 33%, (2016 rate = 3.37 per 100,000; 2019 rate = 4.49 per 100,000).
- There were no observed trends concerning Non-Hispanic Black homicide rates.

Homicides Weapons



- Firearms 61% (N=343)
- Blunt Force, Personal Weapons 14% (N=81)
- Sharp Force Injuries 12% (N=69)
- Other (Poisoning, Drowning) 11% (N=59)
- Strangulation 2% (N=9)

Homicide Rates for the 5 Largest Connecticut Cities 2015 to 2019

5 Largest Cities†	Number of Homicides	Homicide Rate*
Hartford	126	20.4
Bridgeport	78	10.6
New Haven	60	9.2
Waterbury	45	8.3
Stamford	15	2.3

† Population ≥ 100,000;

* per 100,000 town specific population

The State's 5 largest cities accounted for 58% (N=324) of the homicides

Rates of Connecticut Non-Large Cities with at least 5 Homicides 2015 to 2019

Non-Large Cities†	Number of Homicides	Homicide Rate*
New London	11	8.1
East Hartford	12	4.8
Hamden	9	2.9
Meriden	8	2.7
West Haven	7	2.6
Norwalk	6	1.4

† Population <100,000

* per 100,000 town specific population

The State's 5 largest cities accounted for 58% (N=324) of the homicides



Homicides 2020 (Pandemic) in Connecticut

The COVID-19 pandemic of 2020 impeded our daily lives and routines. Citizens were “locked down” and told to socially distance from each other. The impact of being “locked down” had profound consequences in the area of violent deaths. There were predictions that suicide rates would increase during the pandemic and perhaps homicide rates would decrease but it trended in the opposite direction than predicted. Based on preliminary 2019 and 2020 data, in 2020, Connecticut experienced an 11% decrease in the suicide rate and a 41% increase in the homicide rate (2020 rate = 4.40 homicides per 100,000 CT population, N=157) compared to the 5 year rate (3.12 homicides per 100,000 CT population) for 2015 to 2019.

Comparison of Homicide Rates Pre-Pandemic (2015-2019) to Pandemic (2020)

	2015	2016	2017	2018	2019	2015-2019 (Ave.)	2020
Rates*	3.59	2.43	3.46	2.72	3.42	3.12	4.40
Number of Homicides	129	87	124	97	122	112	157

** per 100,000 CT population*

Overall homicide rate increased by 41% in 2020 compared to the

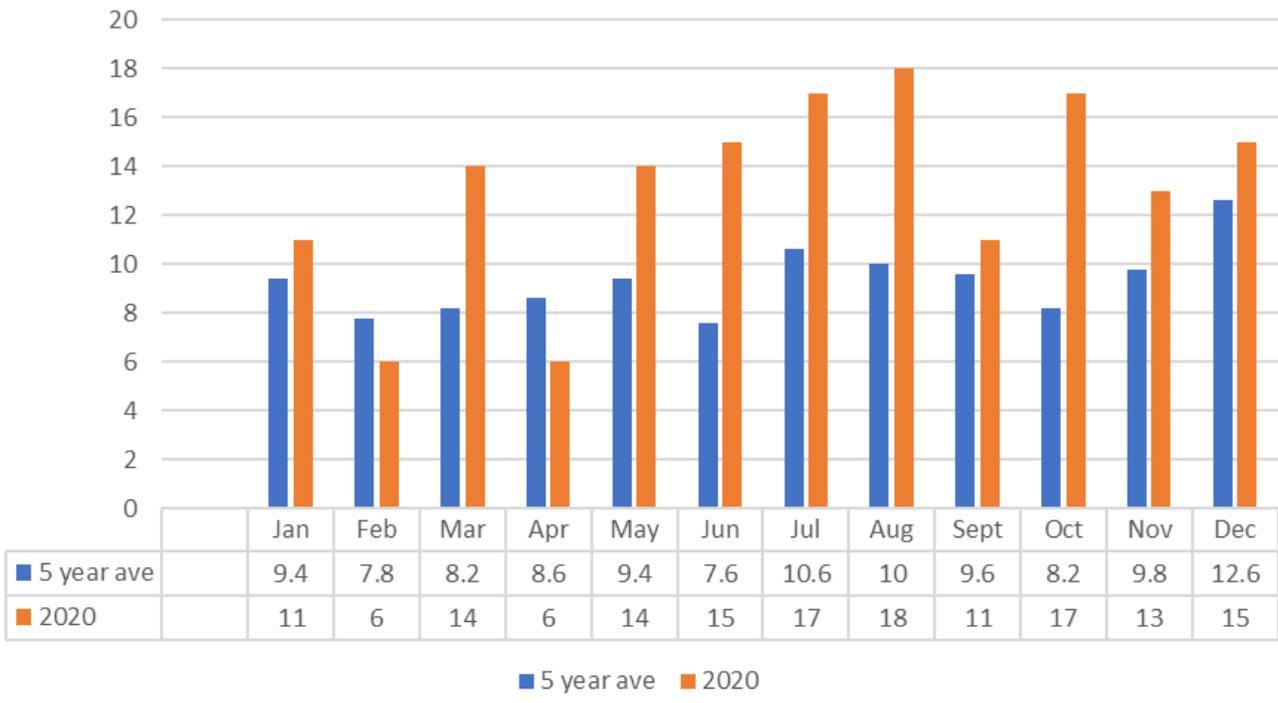
Comparison of Homicide Rates Pre-Pandemic 2015 to 2019 to Pandemic (2020) By Race/Ethnicity

Race/Ethnicity	Average Number Homicides (2015 to 2019)	Crude Rate * 2015-2019	Crude Rate* 2020	Number of Homicides 2020	Rate Difference 2015 to 2019 Compared to 2020
Non-Hispanic Black	51	14.0	20.6	76	+ 47%
Non-Hispanic White	33	1.40	1.40	33	No change
Hispanic	27	4.60	7.82	47	+ 70 %

** per 100,000 CT population*

- *Non-Hispanic Black homicide rate increased 47%*
- *Non-Hispanic White homicide rate remained unchanged*
- *Hispanic homicide rate increased by 70%*

Homicides In Connecticut 2015 to 2019 Monthly Averages Compared to Monthly Homicides in 2020



Four Proposed Theories for the Increase in Homicide Rate Nationwide

Across U.S. cities, it was observed that homicides declined during the “lockdown” period of April and May 2020. However, once states began to loosen social distancing restrictions in June, the number of homicides began to increase. Public officials became concerned when the homicide rates continued to increase.

In an August 2020 [US News](#) article, renowned criminologist Richard Rosenfeld proposed these four theories for the increase in homicide rates:

1. *Changes in Police Activity*

The proactive functions which reduce crime such as vehicle stops, conducting interview with people on the street, were sharply curtailed during the pandemic to stop the spread of Covid-19 by social distancing. Furthermore, the court system in Connecticut was shut down during this period.

2. *Communities are Pulling Back from the Police*

In disadvantaged communities of color, people feel alienated from the police. In such instances, “people are less willing to call the police when they know of a crime, less willing to cooperate with the police or when they're asked to cooperate in an investigation, and more likely, then, to take matters into their own hands when disputes arise.”

3. *Loosening Lockdowns*

The phases of loosening Covid restrictions occurred May 20, June 20 and October 2020. The phases of loosening Covid restrictions coincided with seasonal impacts.

4. *Seasonal Impacts*

There robust findings that “seasonality”, warmer temperatures during the Spring and Summer months are linked to a higher rate of offenses and calls for police service. Nationally and for Connecticut, the summer months usually have the highest number of homicides. Although in Connecticut, at least since 2015, December has averaged the highest number of homicides per month.

Efforts to Combat Injury and Death Caused by Violence

A groundbreaking best practice for preventing and reducing community violence is the hospital-based violence intervention program (HVIP). HVIPs are multidisciplinary programs that identify patients at risk of repeat violent injury and link them with hospital- and community-based resources aimed at addressing underlying risk factors for violence. In Hartford, New Haven and statewide, Interest in the multidisciplinary teamwork of HVIPs has grown among medical institutions and community agencies. In Hartford, Saint Francis Hospital and Hartford Communities that Care have teamed up to reduce violent injury in Hartford. Similarly, Project Longevity, a street violence intervention group in Hartford, New Haven, Bridgeport and Waterbury also work to reduce violence.

The Covid-19 Pandemic created barriers to mental, behavioral and physical health care. In order to address the barriers the pandemic created, the Connecticut legislature enacted Public Act 21-35. In section 9 of Public Act 21-35, a gun violence intervention and prevention advisory committee is to be established to implement of evidence- based, community-centric programs and strategies to reduce street-level gun violence in the state.

CT HVIP Collaborative (hartfordctc.org)

ABOUT— Connecticut Violence Intervention Program (ctintervention.org)

230 Ashmun Street, New Haven, CT 06516

(203) 553-7282 info@ctintervention.org

www.cga.ct.org

[AN ACT EQUALIZING COMPREHENSIVE ACCESS TO MENTAL, BEHAVIORAL AND PHYSICAL HEALTH CARE IN RESPONSE TO THE PANDEMIC.](#)



Project Longevity

Reducing Gang Gun Violence. The violence must stop. Your community (law enforcement and residents) wants you alive, we don't want to see you incarcerated and we don't want you to become a perpetrator or victim of gun violence.

www.project-longevity.org

Next Issue

In the next newsletter, we will examine intimate partner violence in Connecticut and discuss the new domestic violence law, Public Act No. 18-5, the "Dominant Aggressor" law.

References:

- hartfordctc.org
- ctintervention.org
- www.cga.ct.org
- www.project-longevity.org

Dr. Manisha Juthani
Commissioner of Public Health
860-509-8000

Telecommunications Relay Services 7-1-1
Office of Injury & Violence Surveillance
Community, Family Health & Prevention Section

Contact:
Mike Makowski, MPH
Injury Epidemiologist
860-509-7236